

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
2003-2004 ANNUAL REPORT
FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

WDID # 4191003226
DATE 6/19/04
BY PC
DATE
BY

Reporting Period July 1, 2003 through June 30, 2004

An Annual Report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers, and e-mail addresses of the Regional Board contacts, as well as the Regional Board Offices addresses are indicated below.

REGIONAL BOARD INFORMATION:

Los Angeles Region
320 W.4th Street, Ste.200
Los Angeles, CA 90013

Sumaira Noreen
Tel: (213) 620-6363
Email: snoreen@rb4.swrcb.ca.gov

GENERAL INFORMATION

A. Facility Information:

Macleod Metals
9309 Rayo Ave
South Gate, CA 90280
WDID No: 4 191003226

Contact Person: William Lambert
Email:
Phone: (323) 567-7767

SIC Code(s):

5093 Scrap and Waste Materials

B. Facility Operator Information:

Macleod Metals
9309 Rayo Ave
South Gate, CA 90280

Contact Person: William Lambert
Email:
Phone: (323) 567-7767

C. Facility Billing Information:

Macleod Metals
9309 Rayo Ave
South Gate, CA 90280

Contact Person: William Lambert
Email:
Phone: (323) 567-7767

Additional Table D Parameters: Fe,Pb,Al,Cu,Zn,COD

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SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?



YES

Go to Item D.2



NO

Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v



- i. Participating in an Approved Group Monitoring Plan

Group Name: R.A.S.P.



- ii. Submitted **No Exposure Certification (NEC)**

Date Submitted: / /

Re-evaluation Date: / /

Does facility continue to satisfy NEC conditions?



YES



NO



- iii. Submitted **Sampling Reduction Certification (SRC)**

Date Submitted: / /

Re-evaluation Date: / /

Does facility continue to satisfy SRC conditions?



YES



NO



- iv. Received Regional Board Certification

Certification Date: / /



- v. Received Local Agency Certification

Certification Date: / /

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?



YES

Go to Section E



NO

Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample?

If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)



YES



NO

attach explanation (Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)

3. How many storm water discharge locations are at your facility? 2

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F. QUARTERLY VISUAL OBSERVATIONS

1. Authorized Non-Storm Water Discharges

Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

- a. Do authorized non-storm water discharges occur at your facility?

☐ **YES** ☒ **NO** Go to Item F.2

- b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July-September <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	October-December <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
January-March <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	April-June <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

- c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information:

- i. name of each authorized non-storm water discharge
- ii. date and time of observation
- iii. source and location of each authorized non-storm water discharge
- iv. characteristics of the discharge at its source and impacted drainage area/discharge location
- v. name, title, and signature of observer
- vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. Unauthorized Non-Storm Water Discharges

Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

- a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July-September <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	October-December <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
January-March <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	April-June <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

- b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☒ **NO** Go to Item F.2.d

- c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

- d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information:

- i. name of each unauthorized non-storm water discharge
- ii. date and time of observation
- iii. source and location of each unauthorized non-storm water discharge
- iv. characteristics of the discharge at its source and impacted drainage area/discharge location
- v. name, title, and signature of observer
- vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

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G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers.** Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	<input checked="" type="checkbox"/>	<input type="checkbox"/>	February	<input checked="" type="checkbox"/>	<input type="checkbox"/>
November	<input checked="" type="checkbox"/>	<input type="checkbox"/>	March	<input checked="" type="checkbox"/>	<input type="checkbox"/>
December	<input checked="" type="checkbox"/>	<input type="checkbox"/>	April	<input checked="" type="checkbox"/>	<input type="checkbox"/>
January	<input checked="" type="checkbox"/>	<input type="checkbox"/>	May	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Report monthly wet season visual observations using **Form 4** or provide the following information:
- date, time, and location of observation
 - name and title of observer
 - characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed
 - any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

- Have you inspected all potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
The following areas should be inspected:

<ul style="list-style-type: none"> • areas where spills and leaks have occurred during the last year • outdoor wash and rinse areas • process/manufacturing areas • loading, unloading, and transfer areas • waste storage/disposal areas • dust/particulate generating areas • erosion areas 	<ul style="list-style-type: none"> • building repair, remodeling, and construction • material storage areas • vehicle/equipment storage areas • truck parking and access areas • rooftop equipment areas • vehicle fueling/maintenance areas • non-storm water discharge generating areas
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- Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
- Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified: ☒ YES ☐ NO

<ul style="list-style-type: none"> • facility boundaries • outline of all storm water drainage areas • areas impacted by run-on • storm water discharges locations 	<ul style="list-style-type: none"> • storm water collection and conveyance system • structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.
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4. Have you reviewed all General Permit compliance records generated since the last annual evaluation?

☒ YES

☐ NO

The following records should be reviewed:

- quarterly authorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit?

☒ YES

☐ NO

The following SWPPP items should be reviewed:

- pollution prevention team
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented?

☒ YES

☐ NO

The following BMP categories should be reviewed:

- good housekeeping practices
- spill response
- employee training
- erosion control
- quality assurance
- preventative maintenance
- material handling and storage practices
- waste handling/storage
- structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected?

☒ YES

☐ NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken

Use **Form 5** to report the results of your evaluation or develop an equivalent form. ✓

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit?

☒ YES

☐ NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

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ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent? ☒ YES (Mandatory)
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports? ☐ YES ☒ NO ☐ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications? ☒ YES ☐ NO ☐ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J? ☐ YES ☐ NO ☒ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: WILLIAM LAMBERT

Signature: William Lambert Date: 06-28-04

Title: Plant Manager

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4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? ☐ YES, go to Item E.6 ☐ NO
5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☐ NO, **attach explanation**
If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.
Date facility's drainage areas were last evaluated / /
6. Were all samples collected during the first hour of discharge? ☐ YES ☐ NO, **attach explanation**
7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☐ YES ☐ NO, **attach explanation**
8. Were there any discharges of storm water that had been temporarily stored or contained? (such as from a pond) ☐ YES ☐ NO, go to Item E.10
9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2 i or iii. above) ☐ YES ☐ NO, **attach explanation**
10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.
- a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☐ YES ☐ NO, Go to Item E.11
- b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☐ YES ☐ NO
- c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:
- _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**
- _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**
- _____ Other. **Attach explanation**
11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected.
- | | |
|---|---|
| • Date and time of sample collection | • Testing results |
| • Name and title of sampler | • Test methods used |
| • Parameters tested | • Test detection limits |
| • Name of analytical testing laboratory | • Date of testing |
| • Discharge location identification | • Copies of the laboratory analytical results |

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FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank

NAME OF PERSON COLLECTING SAMPLE(S): _____ TITLE: _____ SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED											
			PH	TSS	SC	O&G	TOC						
	____/____/____ AM PM	____:____ AM PM											
	____/____/____ AM PM	____:____ AM PM											
	____/____/____ AM PM	____:____ AM PM											
	____/____/____ AM PM	____:____ AM PM											
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l						
TEST METHOD DETECTION LIMIT:													
TEST METHOD USED:													
ANALYZED BY (SELF/LAB):													

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

for mercury

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- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank

NAME OF PERSON COLLECTING SAMPLE(S): _____ TITLE: _____ SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED								
			PH	TSS	SC	O&G	TOC			
	<div> <div>/</div> <div>/</div> <div>AM</div> <div>PM</div> </div>	<div> <div>:</div> <div>AM</div> <div>PM</div> </div>								
	<div> <div>/</div> <div>/</div> <div>AM</div> <div>PM</div> </div>	<div> <div>:</div> <div>AM</div> <div>PM</div> </div>	No SAMPLING REQUIRED							
	<div> <div>/</div> <div>/</div> <div>AM</div> <div>PM</div> </div>	<div> <div>:</div> <div>AM</div> <div>PM</div> </div>								
	<div> <div>/</div> <div>/</div> <div>AM</div> <div>PM</div> </div>	<div> <div>:</div> <div>AM</div> <div>PM</div> </div>								
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l			
TEST METHOD DETECTION LIMIT:										
TEST METHOD USED:										
ANALYZED BY (SELF/LAB):										

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.

QUARTER: JULY-SEPT. DATE: <u>09/21/03</u>	Observers Name: <u>W. LAMBERT</u> Title: <u>MANAGER</u> Signature: <u>W.</u>	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? YES <input checked="" type="radio"/> NO
QUARTER: OCT.-DEC. DATE: <u>12/18/03</u>	Observers Name: <u>W. LAMBERT</u> Title: <u>MANAGER</u> Signature: <u>W. Lambert</u>	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? YES <input checked="" type="radio"/> NO
QUARTER: JAN.-MARCH DATE: <u>01/28/04</u>	Observers Name: <u>W. Lambert</u> Title: <u>Plant Mgr.</u> Signature: <u>W. Lambert</u>	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? YES <input checked="" type="radio"/> NO
QUARTER: APRIL-JUNE DATE: <u>06/10/04</u>	Observers Name: <u>W. Lambert</u> Title: <u>Plant Mgr.</u> Signature: <u>W. Lambert</u>	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? YES <input checked="" type="radio"/> NO

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**FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)**

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD	NAME OF AUTHORIZED NSWD	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
	<u>EXAMPLE:</u> Air conditioner Units on Building C	<u>EXAMPLE:</u> Air conditioner condensate	At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
<div style="text-align: center;">_/_/_</div> <div style="text-align: right;">NONE AM PM</div>					
<div style="text-align: center;">_/_/_</div> <div style="text-align: right;">: AM PM</div>					
<div style="text-align: center;">_/_/_</div> <div style="text-align: right;">: AM PM</div>					
<div style="text-align: center;">_/_/_</div> <div style="text-align: right;">: AM PM</div>					
<div style="text-align: center;">_/_/_</div> <div style="text-align: right;">: AM PM</div>					

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FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-8) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: JULY-SEPT. DATE/TIME OF OBSERVATIONS <u>8/12/03</u> <u>9:00</u> AM PM	Observers Name: <u>W. Lambert</u> Title: <u>manager</u> Signature: <u>W. Lambert</u>	WERE UNAUTHORIZED NSWDs OBSERVED? YES NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? YES NO
QUARTER: OCT.-DEC. DATE/TIME OF OBSERVATIONS <u>12/12/03</u> <u>11:00</u> AM PM	Observers Name: <u>W. LAMBERT</u> Title: <u>ma</u> Signature: <u>W. Lambert</u>	WERE UNAUTHORIZED NSWDs OBSERVED? YES NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? YES NO
QUARTER: JAN.-MARCH DATE/TIME OF OBSERVATIONS <u>2/10/04</u> <u>2:00</u> AM PM	Observers Name: <u>W. LAMBERT</u> Title: <u>manager</u> Signature: <u>W. Lambert</u>	WERE UNAUTHORIZED NSWDs OBSERVED? YES NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? YES NO
QUARTER: APRIL-JUNE DATE/TIME OF OBSERVATIONS <u>6/12/04</u> <u>2:30</u> AM PM	Observers Name: <u>W. LAMBERT</u> Title: <u>manager</u> Signature: <u>W. Lambert</u>	WERE UNAUTHORIZED NSWDs OBSERVED? YES NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? YES NO

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FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD <u>EXAMPLE:</u> Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD <u>EXAMPLE:</u> NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc. AT THE UNAUTHORIZED NSWD SOURCE AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
<div data-bbox="142 673 294 787"><i>1/1/04</i></div> <div data-bbox="277 763 323 820">AM PM</div>					
<div data-bbox="142 885 294 998"><i>1/1/04</i></div> <div data-bbox="277 974 323 1031">AM PM</div>					
<div data-bbox="142 1112 294 1226"><i>1/1/04</i></div> <div data-bbox="277 1193 323 1250">AM PM</div>					
<div data-bbox="142 1323 294 1437"><i>1/1/04</i></div> <div data-bbox="277 1412 323 1469">AM PM</div>					

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF

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STORM WATER DISCHARGES

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.

Observation Date: October 13 2003 Observers Name: W. LAMBERT Title: Manager Signature: W. Lambert	Drainage Location Description: #1 NW CORNER O/F 1 #2 O/F 2 EAST WALL WEIR HOLES #3 #4	Observation Time: 9:00 P.M. A.M.	Time Discharge Began: NONE: P.M. A.M.	Were Pollutants Observed (If yes, complete reverse side): : P.M. A.M.	Were Pollutants Observed (If yes, complete reverse side): : P.M. A.M.
Observation Date: November 12 2003 Observers Name: W. LAMBERT Title: Manager Signature: W. Lambert	Drainage Location Description: #1 #2 #3 #4	Observation Time: 10:00 P.M. A.M.	Time Discharge Began: 8:00 P.M. A.M.	Were Pollutants Observed (If yes, complete reverse side): : P.M. A.M.	Were Pollutants Observed (If yes, complete reverse side): : P.M. A.M.
Observation Date: December 29 2003 Observers Name: W. LAMBERT Title: Manager Signature: W. Lambert	Drainage Location Description: #1 #2 #3 #4	Observation Time: 8:00 P.M. A.M.	Time Discharge Began: NONE: P.M. A.M.	Were Pollutants Observed (If yes, complete reverse side): : P.M. A.M.	Were Pollutants Observed (If yes, complete reverse side): : P.M. A.M.
Observation Date: January 30 2004 Observers Name: W. LAMBERT Title: Manager Signature: W. Lambert	Drainage Location Description: #1 #2 #3 #4	Observation Time: 9:00 P.M. A.M.	Time Discharge Began: NONE: P.M. A.M.	Were Pollutants Observed (If yes, complete reverse side): : P.M. A.M.	Were Pollutants Observed (If yes, complete reverse side): : P.M. A.M.

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION <u>EXAMPLE:</u> Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS <u>EXAMPLE:</u> Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
<div data-bbox="107 493 237 526">/ /</div> <div data-bbox="107 591 289 651">: AM PM</div>	NONE	NONE		
<div data-bbox="107 716 237 748">/ /</div> <div data-bbox="107 797 289 857">: AM PM</div>				
<div data-bbox="107 938 237 971">/ /</div> <div data-bbox="107 1019 289 1079">: AM PM</div>				
<div data-bbox="107 1161 237 1193">/ /</div> <div data-bbox="107 1242 289 1302">: AM PM</div>				
<div data-bbox="107 1383 237 1416">/ /</div> <div data-bbox="107 1464 289 1524">: AM PM</div>				

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF

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STORM WATER DISCHARGES

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.

Observation Date: February <u>27</u> 2004	Drainage Location Description	#1 NW CORNER O/E #1	#2 WEEP HOLES O/E #2 COST WALK	#3	#4
Observers Name <u>W. LAMBERT</u>	Observation Time	11:00 <u>P.M.</u>	: P.M. A.M.	: P.M. A.M.	: P.M. A.M.
Title <u>Manager</u>	Time Discharge Began	NONE	: P.M. A.M.	: P.M. A.M.	: P.M. A.M.
Signature <u>W. Lambert</u>	Were Pollutants Observed (If yes, complete reverse side)	NO			
Observation Date: March <u>30</u> 2004	Drainage Location Description	#1	#2	#3	#4
Observers Name <u>W. LAMBERT</u>	Observation Time	1:00 <u>P.M.</u>	: P.M. A.M.	: P.M. A.M.	: P.M. A.M.
Title <u>Manager</u>	Time Discharge Began	NONE	: P.M. A.M.	: P.M. A.M.	: P.M. A.M.
Signature <u>W. Lambert</u>	Were Pollutants Observed (If yes, complete reverse side)	NO			
Observation Date: April <u>6</u> 2004	Drainage Location Description	#1	#2	#3	#4
Observers Name <u>W. LAMBERT</u>	Observation Time	2:00 <u>P.M.</u>	: P.M. A.M.	: P.M. A.M.	: P.M. A.M.
Title <u>Manager</u>	Time Discharge Began	NONE	: P.M. A.M.	: P.M. A.M.	: P.M. A.M.
Signature <u>W. Lambert</u>	Were Pollutants Observed (If yes, complete reverse side)	NO			
Observation Date: May <u>28</u> 2004	Drainage Location Description	#1	#2	#3	#4
Observers Name <u>W. LAMBERT</u>	Observation Time	11:30 <u>P.M.</u>	: P.M. A.M.	: P.M. A.M.	: P.M. A.M.
Title <u>Manager</u>	Time Discharge Began	NONE	: P.M. A.M.	: P.M. A.M.	: P.M. A.M.
Signature <u>W. Lambert</u>	Were Pollutants Observed (If yes, complete reverse side)	NO			

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FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 6/27/04 INSPECTOR NAME: W. LAMBERT TITLE: PLANT MGR. SIGNATURE: W. Lambert

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? YES <u>NO</u>	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? YES <u>NO</u>		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? YES NO	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? YES NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? YES NO	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? YES NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? YES NO	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? YES NO		

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FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: / / INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?		Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	YES NO	YES NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	YES NO	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	YES NO	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	YES NO	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO		